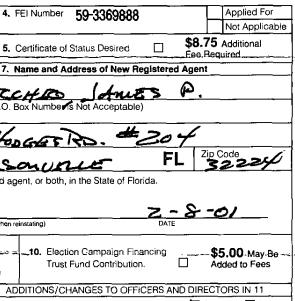
## **2001 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P96000024443 1. Entity Name HOMESOUTH MORTGAGE CORPORATION Mailing Address Principal Place of Business 10<del>161-Deerwood Park Be</del>vd 18151 DEERWOOD PARK BLVD BLDG-200: STE-250 BLDG 200: STE 250 JACKSONVILLE FL-92256 IACKSONVILLE FL 32 3. Mailing Addr 2. Principal Place of Business DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 59-3369888 5. Certificate of Status Desired Name and Address of Current Registered Agent DELVECCHIO, JAMES P (P.O. Box Number s Not Acceptable) 4450 RICHMOND PARK DRIVE EAST-JACKSONVILLE FL 32224 purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the Signature, typ and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Defete TITLE DELVECCHIO, JAMES P NAME NAME 4460 HOWES RD 4460-HODGES RD. #1002 STREET ADDRESS STREET ADDRESS

FILED Feb 12, 2001 8:00 am **Secretary of State** 

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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter, 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #